

# Accommodation Request

Virginia Office of EMS  
Division of Educational Development  
1041 Technology Park Drive  
Glen Allen, VA 23059

804-888-9120

Complete and submit this form (including requested attachments) to the State EMS Office if you have a documented disability that will negatively affect your performance on the state written or practical certification/licensure examination. The state EMS office offers reasonable and appropriate accommodations for written and /or practical certification examinations for individuals with documented disabilities.

## PROVIDER INFORMATION:

Virginia Certification Number: \_\_\_\_\_ Certification Level: \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

\_\_\_\_\_ Number, Street, Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

E-mail Address \_\_\_\_\_

I have reviewed the essential job elements and functions for the level of training. I am seeking and request the following accommodation due to my disability-related needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT SIGNATURE:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach a statement on letterhead stationery from a professional who is familiar with your disability (the professional must have expertise in the specific disability for which the accommodation is being requested).

A professional must sign this statement, confirm, and describe the disability for which the accommodation is required.

THIS INFORMATION WILL NOT BE FILED WITH YOUR APPLICATION OR TEST RESULTS AND WILL BE CONFIDENTIAL.